

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000002644**

1. Entity Name

MINISTERIO TRIGO NUEVO, INC.



Principal Place of Business

1855 W 60 ST. #345  
HIALEAH FL 33012

Mailing Address

1855 W 60 ST. #345  
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0487211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACADAM, SAMUEL REV  
1855 W 60TH STREET  
#345  
HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MACADAM, SAMUEL REV	
STREET ADDRESS	1855 W 60TH STREET, #345	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MATOS, NURY	
STREET ADDRESS	3701 JACKSON STREET, APT 406	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, ANGEL	
STREET ADDRESS	1355 SW 6TH STREET, #11	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	ILIN, MARIO REV	
STREET ADDRESS	836 SUPERIOR STREET	
CITY-ST-ZIP	OPA LOCKA FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, LIGIA	
STREET ADDRESS	2401 S OCAEN DRIVE, # 502	
CITY-ST-ZIP	HOLLYWOOD FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000268545	
STREET ADDRESS	03/18/05-80049-001 61.25	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Samuel Macadam*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/05 (35) 556-6480